MONTANA MENTAL HEALTH NURSING CARE CENTER

Policy #316 Att#1

Resident Hair Care Voucher

State of Montana DATE:					Voucher #							
Signatu	re of Cosmetologist:					Prepared by on _ Entered by on _						
R E	DECIDENT NAME	DECIDENT CIONATURE	Women	Men	Wash/	Beard Mustache	*Resident Pays*	*Color	*Perm	Total		

R E S #	RESIDENT NAME	RESIDENT SIGNATURE	Women Cut \$15	Men Cut \$10	Wash/ Set \$13	Beard Mustache Trim \$7.00	*Resident Pays*	*Color \$35	*Perm \$45	Total

PAGE TOTAL \$_____

TOTAL OF ALL PAGES \$_____

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